

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different
than previously
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg Dykstra

Signature of Treasurer

Electronically Filed by Gregg Dykstra

Date

12

02

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		172208.42
(b) Cash on Hand at Beginning of Reporting Period	49924.41	
(c) Total Receipts (from Line 19)	7213.86	202188.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57138.27	374396.65
7. Total Disbursements (from Line 31)	30524.25	347782.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26614.02	26614.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5143.37	125269.07
(i) Itemized (use Schedule A)	2063.26	40911.93
(ii) Unitemized	7206.63	166181.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	36000.00
(c) Other Political Committees (such as PACs)	7206.63	202181.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.23	7.23
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7213.86	202188.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7213.86	202188.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4024.25	4957.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	4024.25	4957.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	338000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1250.00
29. Other Disbursements.....	2500.00	3575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30524.25	347782.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30524.25	347782.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7206.63	202181.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7206.63	200931.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4024.25	4957.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4024.25	4957.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: c61f90cd6ebe80f729e

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 2c1dde605cee0a7a98c

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: db61b18fdeaec58d8a4

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President of State and Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 53e95d4828119a25339

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 5828d47e03d39ef2c61

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: a2e92aada86025af0ae

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 9135804a2ea354df4b6

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bart Anderson

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Senior VP - Member Services & Communic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 347ba8204b8bd3394ae

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance
Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 3704b93020ac5515976

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

155.39

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 048d47d3f8a6cce7b58

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2653.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 79808824fad9f95dca8

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: 23ca9f0c5a1d81fedaa

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

243.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: f478f0dc53c2a967a38

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: d19a9ab5901c8445742

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

Marsha Brown

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Regulatory Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: d06a7c469410118f0f7

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

37.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: f28e3c47a0025bfc0e6

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 8a1f7953e37390766cc

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 04c6fa28ac003081c9c

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 0fd666ad8b4a08e60d7

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Rebekah L. Deters

Mailing Address PO Box 207

City

Teutopolis

State

IL

Zip Code

62467-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Home Farmers Mutual Fire
Insurance Com

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: f6f7d2cccb468f80f1b

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: a0fb8ddfc7e22180e2a

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: b11c13c51ed0fd3c165

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 30285ad70b51db0be5f

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 2b61c78af899e384e6e

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: d7fa9ffcff0d3c63ceb

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: c589a707f60cb0dc876

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 889e4484e9a47ceafe8

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President-Internal Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 2acf94029ee38dce5e0

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.38

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: a1998bb25b552baa3c6

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.38

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 6c8ba6d0c06563888f3

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

98.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.38

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: b48a9a0020236e70122

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Nancy Grover

Mailing Address 2610 S Arlington Mill Dr

City

Arlington

State

VA

Zip Code

22206-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Media Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 8a656142debdd3ae9dc

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Nancy Grover

Mailing Address 2610 S Arlington Mill Dr

City

Arlington

State

VA

Zip Code

22206-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Media Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: d0033df8572d80d59e1

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

59.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Grover

Mailing Address 2610 S Arlington Mill Dr

City

Arlington

State

VA

Zip Code

22206-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Media Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: c66629385320a82e35a

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Nancy Grover

Mailing Address 2610 S Arlington Mill Dr

City

Arlington

State

VA

Zip Code

22206-3389

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Media Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: c0f17d184037de59f36

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty

Mailing Address 222 Ames Street

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 3b4ec962cd982c66246

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marcus E. Hill

Mailing Address PO Box 88

City

Fort Worth

State

TX

Zip Code

76101-0088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Agricultural Workers Mutu-
al Auto Insur

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 772a85dc79a20b0353d

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: a1de9adc82d5c548b49

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: be68668868f8fef4885

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

203.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 3070090f26b1795d779

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

Georgiann Howell

Mailing Address 122 C St NW
Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: cf7de5cea453e8ee8bb

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Georgiann Howell

Mailing Address 122 C St NW
Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 9379b9031f0eb458c2b

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

96.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)
Georgiann Howell

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: dc950694eb5b3a665b4

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
Georgiann Howell

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 7fddceca101817dc2a6

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
Rae Malesh

Mailing Address PO Box 68700

City State Zip Code
Indianapolis IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: faa6575e1a4fa7e94ed

Amount of Each Receipt this Period

13.50

SUBTOTAL of Receipts This Page (optional)

33.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

Transaction ID: 41881b771893490e138

Amount of Each Receipt this Period

13.50

B.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	0	8

Transaction ID: 79e6609722d531862d6

Amount of Each Receipt this Period

13.50

C.

Full Name (Last, First, Middle Initial)

Rae Malesh

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	0	8

Transaction ID: 169c07311f786d89d12

Amount of Each Receipt this Period

13.50

SUBTOTAL of Receipts This Page (optional)

40.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.78

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 6635e025e2fbe264697

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.78

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: e3c2d50ebdb9249e174

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.78

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 9a37a64605dda775eee

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: af0b45418734c6e92df

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: e38c77ba1b2c577b368

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 16a37c9b29b4123a133

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marliss McManus

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Director - Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 17fa10e2a137d673eea

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

John C. Mitchell

Mailing Address One Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 8

Transaction ID: c26d1026a0b0ccd8bcf

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert A. Nearing

Mailing Address 30 Depot Rd

City State Zip Code
Cochecton NY 12726-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cochecton Mills Inc.

Occupation
Secretary-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 16f52406ab6d8c9cea0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2364.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 9d469860b89b716b366

Amount of Each Receipt this Period

96.50

B.

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2364.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: ad6dc6ab71163d7da05

Amount of Each Receipt this Period

96.50

C.

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2364.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: f8478b3369c6c1ec5a0

Amount of Each Receipt this Period

96.50

SUBTOTAL of Receipts This Page (optional)

289.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Carl M. Parks

Mailing Address 122 C Street Northwest
Suite 540City State Zip Code
Washington DC 20001-2102FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Senior Vice President-Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2364.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 1bb9a329bc54a824b29

Amount of Each Receipt this Period

96.50

B.

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address 3601 Vincennes Road

City State Zip Code
Indianapolis IN 46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 4920ee29ecdc161846a

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address 3601 Vincennes Road

City State Zip Code
Indianapolis IN 46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 6c14241ff4f2cfefb37

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

136.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 7af4a0b995811e591c4

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David Reddick

Mailing Address 3601 Vincennes Road

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Associate Director of Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 9dab829bb89bf87aeaa

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Liz Reynolds

Mailing Address 3933 Victoria Lakes Drive South

City

Jacksonville

State

FL

Zip Code

32226-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: beb9a9153a4db759691

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Liz Reynolds

Mailing Address 3933 Victoria Lakes Drive South

City

Jacksonville

State

FL

Zip Code

32226-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: dd8a8dd6a92010653ed

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Liz Reynolds

Mailing Address 3933 Victoria Lakes Drive South

City

Jacksonville

State

FL

Zip Code

32226-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: bdfc684b8acc3dd3438

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Liz Reynolds

Mailing Address 3933 Victoria Lakes Drive South

City

Jacksonville

State

FL

Zip Code

32226-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Southeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 3d57676308cba806414

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 9ed02c32e7c67b5ce93

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Gerald L. Roach

Mailing Address PO Box 6927

City
Richmond

State
VA

Zip Code
23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 7987254a1e2993f3bbc

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City
Washington

State
DC

Zip Code
20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 14f0a52ff7569f77a1e

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: a08961350e6669adc39

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 388133d8f9185a26209

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Stephanie Sheridan

Mailing Address 122 C Street Northwest
Suite 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
PAC Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 4bfddf1c5768452de48

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 6194899186d303deaa7

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 54c9c03e9c2f868ad75

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 21c404fa74cbf04220b

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - Member Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 32a9f09ebac4429ed09

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 268b504e779eaa5745a

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 57048326c78f82bfc9f

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 48cc20cc79c2b9c7edc

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 8f366ff0c75d6898a9b

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: f16b1e1c92e9c74bdb6

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: e993e4060e235843620

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: d054df792b1cba1f64e

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: ac719e807755b9b3237

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 8d1d76ee7ee7d15cc8b

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: a1a7df79221eee21e7a

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 0546e04c80384c2b8d7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: e5f2d907ce9558c7ce2

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Director of State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 7d18a2a98e70660e11b

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 0d6099a7e29a9451833

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 37 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas

Mailing Address 409 Kenyon Rd

City

Fort Dodge

State

IA

Zip Code

50501-5718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: 3597e16e546aaeca0cc

Amount of Each Receipt this Period

160.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance
Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 3a70f05be0d375f09af

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance
Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: c4842a7405056fbb569

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

238.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 38 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 48a53a06e6a8917ab93

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 6f1b9b89134da4c9f82

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: c04cb826d8f760749fd

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

59.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 63672a5699c47ec15b0

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Michael Ulmer

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President-Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: e6973d8771779fdaa03

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Robert A. Wadsworth

Mailing Address One Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 0ab6a09160f18e424f1

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James J. Walsh

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 27919d1088406a216c3

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 25798ab123420115d7f

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: aaede7a329070bc34e8

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

103.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 45c1e969bb7b6b7a67e

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

5143.37

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

NAMIC Advocacy Fund

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement
Silent Auction 1/3 Rule Reimbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V48162-3188592791557

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

3726.83

B.

Full Name (Last, First, Middle Initial)

National City

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: a021a9f8fcde0f76219

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

297.42

SUBTOTAL of Disbursements This Page (optional)

4024.25

TOTAL This Period (last page this line number only)

4024.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Akaka in 2012	Transaction ID: 04307-9590265154838 Date of Disbursement																				
Mailing Address PO Box 3129	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	8												
City Honolulu State HI Zip Code 96802	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Daniel K. Akaka	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bachmann for Congress	Transaction ID: 58369-1989404559135 Date of Disbursement																				
Mailing Address 6053 Hudson Road Ste 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	8												
City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michele M. Bachmann	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Barrett for Congress	Transaction ID: 05332-0190393328666 Date of Disbursement																				
Mailing Address PO Box 869 PO Box 869	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Westminster State SC Zip Code 29693	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name James Gresham Barrett	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Barrett for Congress</p> <p>Mailing Address PO Box 869 PO Box 869</p> <p>City Westminster State SC Zip Code 29693</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name James Gresham Barrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00681-62484377622604</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bob Corker for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Bob Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 04307-6532709002494</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Tom Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 04307-6915246844291</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>3000.00</p>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Coburn for Senate 2010

Mailing Address Post Office Box 977

City State Zip Code
Muskogee OK 74402

Purpose of Disbursement
Contribution

Candidate Name
Tom A. Coburn

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District:

Transaction ID: 04307-7816736102104

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Coleman for Senate 08

Mailing Address 680 Transfer Road Suite A

City State Zip Code
St Paul MN 55114

Purpose of Disbursement
Contribution

Candidate Name
Norm Coleman

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District:

Runoff

Transaction ID: 08558-7995263934135

Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Enzi for Us Senate

Mailing Address PO Box 2775

City State Zip Code
Cody WY 82414

Purpose of Disbursement
Contribution

Candidate Name
Michael B. Enzi

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 04307-3260766863822

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Gard for Congress	Transaction ID: 10297-3296472430229 Date of Disbursement																				
Mailing Address PO Box 277	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	8												
City Green Bay State WI Zip Code 54305	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John G. Gard	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Guthrie for Congress	Transaction ID: 58369-1208459734916 Date of Disbursement																				
Mailing Address PO Box 9639	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	8												
City Bowling Green State KY Zip Code 42102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Brett Guthrie	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Johanns for Senate Incorporated	Transaction ID: 04307-4420434832572 Date of Disbursement																				
Mailing Address 1201 O Street Suite 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	8												
City Lincoln State NE Zip Code 68508	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Michael O. Johanns	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Pryor for Us Senate

Mailing Address PO Box 2720

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mark Lunsford Pryor

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Transaction ID: 04307-7894861102104

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

McConnell Senate Committee '08

Mailing Address PO Box 1496

City
Louisville

State
KY

Zip Code
40201

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Mitch McConnell

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 04307-6101343035697

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address PO Box 530788

City
Livonia

State
MI

Zip Code
48153

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Thaddeus G. McCotter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: 58369-4283105731010

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Missourians for Kit Bond

Mailing Address 21 N Meramec 2nd Floor

City
St Louis

State
MO

Zip Code
63105

Purpose of Disbursement
Contribution

Candidate Name
Christopher S. Bond

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District:

Transaction ID: 04307-5355035662651

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

24000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chambliss Victory Committee

Mailing Address 425 Second Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 08558-4373437762260

Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Judge Bill Thompson

Mailing Address PO Box 6207

City
Montgomery

State
AL

Zip Code
36106

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 59123-5536157488822

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Judge Greg Shaw for Supreme Court

Mailing Address PO Box 3838

City
Montgomery

State
AL

Zip Code
36109

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 59123-8525659441948

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

Image# 28934470050

Form/Schedule: **F3X**

Transaction ID:
